

**DEPARTMENT OF HOMELAND SECURITY**  
**UNITED STATES CUSTOMS AND BORDER PROTECTION**  
**PROCESS RECEIPT AND RETURN**

Plaintiff: UNITED STATES OF AMERICA	Court Case Number: 04-CR-544
Defendant: KUN FUK CHENG	Type of Process: Forfeiture - Service

SERVE AT: (Name of Individual, Company, Corporation, etc. to be served or Description of property to Seize: (Address: street or RFD, Apt. No., City, State and Zip Code):

Donald Zee, Esq., Office of Donald Zee, 1621 Central Avenue, Albany, New York 12205

Send notice or service copy to requester at Name and Address below:

GLENN T. SUDDABY, United States Attorney, NDN  
218 James T. Foley Courthouse  
445 Broadway  
Albany, New York 12207

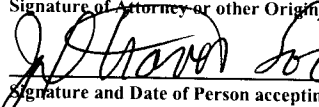
Number of Processes to be Served

Number of Parties to Served

Check box if service is on USA

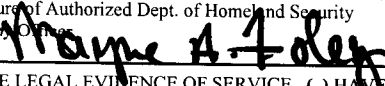
Special Instructions or Other Information that will assist in expediting service (includes business and alternate addresses, telephone numbers and estimated times available for Service:

Please serve the following: A certified copy of the Preliminary Order of Forfeiture and the Notice of Publication and Forfeiture

Signature of Attorney or other Originator requesting service on behalf of:  Thomas A. Capezza, AUSA	(X) Plaintiff ( ) Defendant	Telephone No. 518-431-0247	Date 3/14/06
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Signature and Date of Person accepting Process:

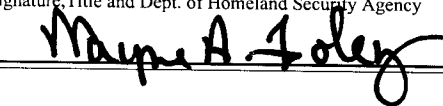
**SPACE BELOW FOR USE OF DEPARTMENT OF HOMELAND SECURITY AGENCY**

I acknowledge receipt for the total number of process indicated.	District of Origin No. _____	District to Serve No. _____	Signature of Authorized Dept. of Homeland Security Agency Official 	Date 2.16.2006
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I HEREBY CERTIFY AND RETURN THAT I ( ) PERSONALLY SERVED. (X) HAVE LEGAL EVIDENCE OF SERVICE. ( ) HAVE EXECUTED AS SHOWN IN 'REMARKS', THE PROCESS DESCRIBED ON THE INDIVIDUAL, COMPANY, CORPORATION, ETC., AT THE ADDRESS SHOWN ABOVE OR ON THE ADDRESS INSERTED BELOW

( ) I HEREBY CERTIFY AND RETURN THAT I AM UNABLE TO LOCATE THE INDIVIDUAL, COMPANY, CORPORATION, ETC. NAMED ABOVE.

Name and Title of individual served if not shown above. ( ) A person of suitable age and discretion then residing in the defendant's usual place of abode.

Address: (complete only if different than shown above)	Date of Service	Time of Service ( ) a.m. ( ) p.m.
Signature, Title and Dept. of Homeland Security Agency 		

FP&FO, CBP

**REMARKS:**

Service was completed on 3.6.2006 as evidenced by the attached copy of the Return Receipt (Certified Mail).

SENDER: COMPLETE THIS SECTION		COMPLETE THIS SECTION ON DELIVERY	
<ul style="list-style-type: none"> <li>■ Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</li> <li>■ Print your name and address on the reverse so that we can return the card to you.</li> <li>■ Attach this card to the back of the mailpiece, or on the front if space permits.</li> </ul>		A. Signature X <i>[Signature]</i> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee	
1. Article Addressed to: Donald Zee, Esq. Office of Donald Zee 1621 Central Ave. Albany, NY 12205		B. Received by (Printed Name) _____ C. Date of Delivery <u>3/6</u> D. Is delivery address different from item 1? <input type="checkbox"/> Yes <input type="checkbox"/> No YES, enter delivery address below: _____	
<div style="border: 1px solid black; padding: 5px; width: fit-content;"> RECEIVED  CBP  MAR 08 2006  OGDENSBURG, NY </div>		3. Service Type <input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail <input type="checkbox"/> Registered <input checked="" type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.	
2. Article Number (Transfer from service label) _____		4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes	
		7004 2890 0002 4005 7912	